

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	R H		10/15
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M - K	1107	

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	12/2/62
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Claim	Date
51	12/2/62
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55	✓
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57	✓
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79	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

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